

Comparison of Selected States' Managed Care Programs

	Operating Authority/Type of Waiver	Program Service Area	Service Delivery / Model	Populations Mandatorily Enrolled	Populations Voluntarily Enrolled	Subpopulations Excluded from Otherwise Included Populations
AZ	1115(a) Arizona Health Care Cost Containment System (AHCCCS) www.AHCCCS.state.az.us	Statewide	MCO and PCCM	Families with Dependent Children Under Age 18 and Continuing Coverage; Pregnant Women; Federal Poverty Level Children Under Age 19; Adults without Minor Children Title XIX Waivers; Adoption Subsidy Children; Section 1931 Families with Children and Related Populations; Title XIX Waiver Spend Down Population; HIFA Parents; Foster Care Children; Blind/Disabled Adults and Related Populations; Blind/Disabled Children and Related Populations; Aged and Related Populations; Certain Medicare Dual Eligibles	None	Certain Medicare Dual Eligibles

Additional Information: Arizona’s managed care system is based on prepaid capitation to health plans and long term program contractors. Arizona contracts with the Arizona Department of Health Services, who in turn contracts with Regional Behavioral Health Authorities to provide behavioral health services to members.

Acute care services are provided by ten private or county-owned health plans, which are selected through a competitive bidding process. The Arizona Long Term Care System (ALTCs) is managed by AHCCS through seven program contractors who are responsible for the Elderly and Physically Disabled (EPD) delivery program. Program contractors are responsible for providing all acute care services covered under AHCCS to LTC eligibles and they are paid a capitation rate for each enrollee. There are two separate delivery systems for behavioral health services: one for persons enrolled in the acute care program and one for persons enrolled in the long term care program.

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CA	1915(a) Prepaid Health Plan Program www.dhs.ca.gov	County	MCO	None	Blind/Disabled Adults and Related Populations; Blind/Disabled Children and Related Populations; Aged and Related Populations; Foster Care Children; Section 1931 (CALWORKS/TANF) Children and Related Populations; Section 1931 (CALWORKS/TANF) Adults and Related Populations; Certain Medicare Dual Eligibles	Other insurance; Reside in nursing facility or ICF/MR; Participate in HCBS Waiver; Certain Medicare Dual Eligibles
Additional Information: This program is also comprised of a Dental PAHP (Capitation) and a PAHP for Emotional Support (Capitation) Programs.						

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IL	1915(a) Voluntary Managed Care http://www.hfs.illinois.gov/managed_care/	County	MCO	None	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations; Title XXI SCHIP; Poverty-level pregnant women; American Indian/Alaskan Native	Spend down eligibles; Other insurance – High Level; Age 19 or older and eligible through State Family and Children Assistance Program; Medicaid Presumptive Eligibility for Pregnant Women; Non-citizens only receiving emergency services; Reside in nursing facility or ICF/MR; Participate in HCBS Waiver; Medicare Dual Eligibles
Additional Information: Nursing facility services are provided up to 90 days annually.						

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KY	1932(a) Kentucky Patient Access and Care (KENPAC) Program http://CHS.state.ky.us/	Statewide	PCCM	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations; Title XXI SCHIP	None	Special Needs Children; Spend down; American Indian/Alaskan Native; Special Needs Children (BBA defined); Medicare Dual Eligibles; Reside in nursing facility or ICF/MR; Enrolled in another managed care program; Participate in HCBS Waiver
Additional Information: For the following included services – EPSDT, Mental Health, and Maternity Care (including prenatal care, delivery, and post-partum care) beneficiary may go to any participating provider for these services without a referral.						
MA	1115(a) Mass Health www.mass.gov/masshealth	Statewide	PCCM	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations; Blind/Disabled Adults and Related Populations; Title XXI SCHIP; Foster Care Children (BH carve-out); Blind/Disabled Children and Related Populations	None	All Medicare Dual Eligibles; Other Insurance; Reside in Nursing Facility or ICF/MR; Over 65 Years Old; Enrolled in Another Managed Care Program
Additional Information: Mass Health has a behavioral carve-out for PCCM enrollees and for children in the care or custody of the Commonwealth.						

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MA	1115(a) Mass Health www.mass.gov/masshealth	Statewide	MCO	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations; Foster Care Children; Blind/Disabled Adults and Related Populations; Title XXI SCHIP; Blind/Disabled Children and Related Populations	None	Other Insurance; Reside in Nursing Facility or ICF/MR; Over 65 Years Old; All Medicare Dual Eligibles
Additional Information: Some MCO Program services have age limitations.						
MD	1115(a) HealthChoice http://www.dhmh.state.md.us/mma/healthchoice/	Statewide	MCO	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations; Blind/Disabled Adults and Related Populations; Blind/Disabled Children and Related Populations; Foster Care Children; Title XXI SCHIP; Pregnant Women	None	All Medicare Dual Eligibles; Reside in Nursing Facility or ICF/MR; Institutionalized More Than 30 Days; Eligibility for Less Than 6 Months; If enrolled in Model Waiver for Fragile Children; If determined Medically Needy Under a Spend Down; A child in an out-of-state placement; Inmates of public institutions; Enrolled in Family Planning Waiver Program

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MN	1115(a) Prepaid Medical Assistance Program www.dhs.state.mn.us	County	MCO	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations; Aged and Related Populations; Title XXI SCHIP; Foster Care Children	Children with SED; Enrolled in Another Managed Care Program; Certain Medicare Dual Eligibles	Non-documented Alien Recipients Who Only Receive Emergency MA Under Minn. Stat. 256B.06(4); QMBs and SLMBs who are not otherwise receiving MA; Recipients with Terminal or Communicable Disease at the time of enrollment; Those with Private Coverage with an HMO Not Participating in Medicaid; Refugee Assistance Program Recipients; Recipients Residing in State Institutions; Non-Institutionalized Recipients who are Eligible on a Spend down basis; Blind and Disabled Under Age 65; Certain Medicare Dual Eligibles
Additional Information: N/A						

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MN	1915(a) Minnesota Disability Health Options (MnDHO) www.dhs.state.mn.us	County	MCO	None	Blind or Disabled, age 18 through 64, dually or singly eligible; Certain Medicare Dual Eligibles	Enrolled in another managed care program; Reside in Regional Treatment Center; QMB of SLMB, not otherwise eligible for Medicaid; Eligible for Medicare Part A or Part B only; Certain Medicare Dual Eligibles
Additional Information: The health plan also may offer services that are normally not covered by Medicaid or Medicare, such as modifications to the home or vehicle, extended personal care attendant services, and others.						

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NC	1932(a) Access II/III www.dhhs.state.nc.us/dmas/	County	PCCM	Section 1931 (AFDC/TANF) Adults and Related Populations; Blind/Disabled Adults and Related Populations	Section 1931 (AFDC/TANF) Children and Related Populations; Blind/Disabled Children and Related Populations; Foster Care Children; Special Needs Children (BBA defined); Medicaid-only Dual Eligibles; American Indian/Alaskan Native; Pregnant Women; Aged and Related Populations	Reside in nursing facility or ICF/MR; Eligibility period that in only retroactive; Refugees; Certain Medicare Dual Eligibles

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<p>Additional Information: An Administrative Entity is paid an additional PCCM case management fee of \$2.50 per recipient participating in Access II/III to monitor care and implement disease management initiatives and target preventive studies. Access II/III manages the highest risk Medicaid enrollees to improve coordination and continuity of care.</p> <p>ACCESS II/III is a community-based enhanced PCCM program bringing PCPs, hospitals, health departments, county departments of social services (DSS), and other community providers into a network to manage the health care needs of Medicaid recipients. Each network has care managers who assist in developing, implementing, and evaluating the care management strategies at each site. These care management strategies include:</p> <ul style="list-style-type: none"> • Risk assessment process – utilizing an “at-risk” screening tool that identifies both medical and social risk factors. • Reviewing emergency department utilization – integrating appropriate outreach, follow-up, and educational activities based on emergency department use by enrollees. • Implementing disease management processes – including, but not limited to pediatric and adult asthma, sickle cell anemia, congestive heart failure, and diabetes. • Implementing a care management process – identifying and targeting care management activities based on the screening process and other methods of identifying those enrollees at risk. • Identifying high costs and high users – developing and implementing activities that impact utilization and cost. • Developing pharmacy initiatives to alleviate the high cost of medications. 						

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NC	1932(a) Carolina ACCESS www.dhhs.state.nc.us/dmas/	Statewide	PCCM	Section 1931 (AFDC/TANF) Adults and Related Populations; Blind/Disabled Adults and Related Populations; Aged and Related Populations	Aged and Related Populations; Medicaid Pregnant Women; Blind/Disabled Children and Related Populations; Section 1931 (AFDC/TANF) Children and Related Populations; Foster Care Children; Special Needs Children (BBA defined); Certain Medicare Dual Eligibles; American Indian/Alaskan Native	Eligibility period that is only retroactive; Reside in nursing facility or ICF/MR; Enrolled in another managed care program; Private insurance and PCP not willing to participate; Certain Dual Eligibles
Additional Information: Carolina ACCESS was developed to provide Medicaid recipients with a medical home which provided easier access to the private provider community. Participating PCPs receive a monthly management fee of \$1.00 per member per month for coordinating the care of Medicaid recipients enrolled with their practices. They also receive fee-for-service when treating their patients.						

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NC	1932(a) Medicaid Managed Care http://www.dhhs.state.nc.us/dma/managedcarewho.html	County	MCO	Pregnant Women; Section 1931 (AFDC/TANF) Adults and Related Populations; Blind/Disabled Adults and Related Populations	American Indian/Alaskan Native; Aged and Related Populations; Section 1931 (AFDC/TANF) Children and Related Populations; Blind/Disabled Children and Related Populations; Foster Care Children; Special Needs Children (BBA defined)	Eligibility period that is only retroactive; Reside in nursing home or ICF/MR; Participate in HCBS Waiver; Enrolled in another managed care program; All Medicare Dual Eligibles
<p>Additional Information:</p> <p>Medicaid Managed Care is a health care delivery program implemented in Mecklenburg County in July 1996. Originally it required the majority of Mecklenburg County Medicaid recipients to enroll in an HMO which contracted to serve Medicaid recipients. In 1997, there were four HMOs contracting with DMA to serve Mecklenburg County. As of May 2005, there is one remaining HMO named SouthCare with approximately 9,500 members.</p> <p>Beginning January 2002, the Carolina ACCESS and ACCESS II/III programs were implemented in Mecklenburg County. Both Carolina ACCESS and ACCESS II/III are primary care case management programs. Carolina ACCESS provides members with a medical home. ACCESS II/III provides members with a medical home and proactively offers population group disease/case management services and member education.</p>						

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NY	1115(a) Partnership Plan Medicaid Managed Care Program www.health.state.ny.us	Statewide	MCO	Section 1931 (AFDC/TANF) Adults and Related Populations; Section 1931 (AFDC/TANF) Children and Related Populations; NYS Home Relief Adults	Blind/Disabled Adults and Related Populations; Blind/Disabled Children and Related Populations; Foster Care Children	All Medicare Dual Eligibles; Enrolled in Another Managed Care Program; Reside in Nursing Facility or ICF/MR; Participation in LTC Demonstration Program; Other Insurance; Eligible less than 6 months; Spend downs; Reside in State Operated Psychiatric Facility; Enrolled in the Restricted Recipient Program; Reside in residential treatment facility for children and youth; Infants weighing less than 1200 grams or infants who meet SSI criteria; Special Needs Children (State defined); Admitted to hospice at time of enrollment; Foster children in direct care; Eligible only for TB related

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<p>Additional Information: The Partnership Plan offers two models of health care delivery: a mainstream system that serves a large majority of the eligible population through Managed Care Organizations (MCOs); and Special Needs Plans designed to meet the unique needs of the HIV+ populations and serve as an alternative to the mainstream options for these recipients. While individuals with HIV/AIDS may choose to enroll in a SNP, they may continue to voluntarily enroll in MCOs or remain in the fee-for-service program.</p>						

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NY	1115(a) Partnership Plan Medicaid Managed Care Program www.health.state.ny.us	Statewide	PCCM	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations	Blind/Disabled Adults and Related Populations; Blind/Disabled Children and Related Populations; Foster Care Children; Aged and Related Populations; Certain Medicare Dual Eligibles	Foster care children in direct care; Eligible only for TB related services; Reside in residential treatment facility for children and youth; Special Needs Children (State defined); Enrolled in another managed care program; Reside in nursing facility or ICF/MR; Participation in LTC Demonstration; Other insurance; Eligible less than 6 months; Spend downs; Reside in State-Operated Psychiatric Facility; Enrolled in the Restricted Recipient Program; Admitted to hospice at time of enrollment; Some Medicare Dual Eligibles

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OK	1115(a) SoonerCare http://www.ohca.state.ok.us/client/programs/sooner-care/sooner-care.asp	Statewide	PCCM	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations; Blind/Disabled Adults and Related Populations; Blind/Disabled Children and Related Populations; Aged and Related Populations; Title XXI SCHIP; American Indian/Alaskan Native	American Indian/Alaskan Native	Participate in HCBS Waiver; Children in State custody; Medicare Dual Eligibles; Other insurance; Reside in nursing facility/ICF/MR; Enrolled in another managed care program
Additional Information: Services which do not require a referral from the PCP/CM include behavioral health services, vision for refraction services, dental services, child abuse/sexual abuse examinations, prenatal and obstetrical services, family planning services for clients under age 18, emergency physician and hospital services, and services delivered to Native Americans at IHS, tribal, or urban Indian clinics.						

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PA	1915(b) Access Plus http://www.dpw.state.pa.us/Business/003672302.htm	County	PCCM	Section 1931 (TANF and TANF-related) and blind and disabled (SSI and SSI-related) children, the new waiver program will mandate the enrollment of foster care children, children who are in Section 1915(c) waiver programs, children who are dual eligibles, and children who reside in certain institutional settings.	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations; Blind/Disabled Adults and Related Populations; Blind/Disabled Children and Related Populations; Aged and Related Populations; State Only Categorically Needy; State Only Medically Needy; Pregnant Women; Special Needs Children (State defined); Certain Medicare Dual Eligibles	State Blind Pension Recipients; Monthly Spend downs; Reside in nursing facility or ICF/MR; Certain Medicare Dual Eligibles

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SC	1915(a) Health Maintenance Organization http://www.dhhs.state.sc.us/dhhsnew/InsideDHHS/Bureau/BureauofHealthServicesandDeliverySystems/ManagedCare.asp	County	MCO	None	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations; Blind/Disabled Adults and Related Populations; Blind/Disabled Children and Related Populations	Medicare Dual Eligibles; Reside in nursing facility or ICF/MR; Participate in HCBS Waiver; Age 65 or older; Hospice recipients; Enrolled in an HMO through third party coverage; Medically Fragile Children Program

Additional Information: Upon enrolling in an MCO, beneficiaries have 90 days to change their mind and revert back to the fee-for-service Medicaid system. After the 90-day period, all participants are "locked in" to that MCO for a one-year period. The lock-in may be ended prior to the one-year period for just cause.

The state also offers a managed care program for children who have very complex diseases and disabilities (Medically Fragile Children's Program). These recipients must reside in the Program service area.

The state also has a program called the Medical Homes Network Program (MHN). This program is a voluntary managed care option. The MHN program is a more localized physician-driven approach to managed care. It is comprised of groups of local physicians that have enrolled as primary care case management providers. These providers form a network to combine resources to more efficiently manage patient care. In addition to regular medical services, these physicians offer case management, disease management and serve as a medical home.

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TN	1115(a) TennCare www.state.tn.us/tennicare http://tennessee.gov/tenncare/news/TCoverview/TCoverview080105.pdf	Statewide	MCO	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations; Blind/Disabled Adults and Related Populations; Blind/Disabled Children and Related Populations; Aged and Related Populations; Foster Care Children; Medically Needy; Uninsured; Uninsurable; Medicare Dual Eligibles	None	Individuals not qualifying under traditional Medicaid criteria and have access to private insurance
Additional Information: Because of instability among some of the MCOs participating in TennCare, the “at risk” concept was replaced in July 2002 with an “Administrative Services Only” (ASO) arrangement. MCOs began submitting invoices to TennCare for payment of medical services delivered and receiving a fixed administrative fee. The state added its own MCO, called TennCare Select, to serve as a backup if other plans failed or there was inadequate MCO capacity in any area of the state. TennCare Select is administered by BlueCross/BlueShield of Tennessee.						
TX	Concurrent 1915(b) Star+Plus http://www.hhsc.state.tx.us/Medicaid/mc/about/faq.html#1	County	MCO and PCCM	Aged and Related Populations; Blind/Disabled Adults and Related Populations; Blind/Disabled Children and Related Populations; Certain Medicare Dual Eligibles	None	Reside in nursing facility or ICF/MR; Poverty Level Pregnant Women; Enrolled in another managed care program; Certain Medicare Dual Eligibles
Additional Information: Recipients may receive healthcare in one of two ways: (i) through a Managed Care Organization or (ii) through the Primary Care Case Management Program (PCCM). The PCCM health plan is called the Texas Health Network (THN). It is not available in all of the STAR service delivery areas. Recipients may change their managed care health plan whenever they want (as often as every 30 days).						

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WA	1932(a) Healthy Options www.dshs.wa.gov	Statewide	PCCM	None	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations; Pregnant Women and Optional Children	Enrolled in another managed care program; Participate in HCBS Waiver; American Indian/Alaskan Native; Retroactive eligibility; Reside in nursing facility or ICF/MR; All Medicare Dual Eligibles
Additional Information: The state operates this small, voluntary PCCM program through which tribal and Indian Health Services Clinics serve as gatekeepers for those individuals in their service area who choose to enroll in the program.						
WA	1932(a) Healthy Options www.dshs.wa.gov	Statewide	MCO	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations; Pregnant Women and Optional Children	None	Enrolled in another managed care program; Participate in HCBS Waiver; Retroactive eligibility; Reside in nursing facility or ICF/MR; All Medicare Dual Eligibles
Additional Information: Enrollment is mandatory.						

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WI	1115(a) Wisconsin Partnership Program http://dhfs.wisconsin.gov	County	MCO	None	Aged and Related Populations; Blind/Disabled Adults and Related Populations; Certain Medicare Dual Eligibles	Enrolled in another managed care program; Participate in HCBS Waiver; Certain Medicare Dual Eligibles
<p>Additional Information: The Wisconsin Partnership Program is a capitated, Medicare/Medicaid system of health and long term care for people who are elderly and people with physical disabilities.</p> <p>Participation in the Wisconsin Partnership Program is voluntary. To be a member, individuals must be either age 65 or older, age 55 or older with a disability determination, or age 18-55 with a disability determination. They must be eligible for Medicaid and meet the Wisconsin Medicaid nursing home level of care requirement. People who are eligible for Medicaid alone and people who are eligible for both Medicaid and Medicare can qualify to be members. Participants may disenroll at any time.</p>						
WI	1932(a) Medicaid HMO Program http://dhfs.wisconsin.gov	Statewide	MCO	Section 1931 (AFDC/TANF) Children and Related Populations; Section 1931 (AFDC/TANF) Adults and Related Populations; Pregnant Women	None	Reside in nursing facility or ICF/MR; Enrolled in another managed care program; Participate in HCBS Waiver; American Indian/Alaskan Native; Residing in FFS counties; Migrant workers; Special Needs Children (BBA defined); All Medicare Dual Eligibles

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Additional Information: N/A						
WI	1915(a) Independent Care Health Plan (iCare) http://dhfs.wisconsin.gov	County	MCO	None	Blind/Disabled Adults and Related Populations; Blind/Disabled Children and Related Populations; Medicare Dual Eligibles	Beneficiaries who after enrollment are placed in a nursing home for longer than 90 days; Enrolled in another managed care program; Participate in HCBS Waiver; Reside in a nursing facility or ICF/MR; Children under age 18; Certain Medicare Dual Eligibles
Additional Information: I-Care was the first Wisconsin Medicaid risk-based program for “high-cost” populations. I-Care coordinates medical and social services for SSI disabled Medicaid recipients and operates in Milwaukee County. Enrollment is voluntary.						
WI	Concurrent 1915(b)/(c) Family Care http://dhfs.wisconsin.gov/LTCare/INDEX.HTM	County	LTC PIHP	None	Aged and Related Populations; Blind/Disabled Adults and Related Populations; Medicare Dual Eligibles	Under age 60 in Milwaukee County; Enrolled in another managed care program; Have an eligibility period that is only retroactive

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<p>Additional Information: Family Care is a long-term managed care demonstration project for the elderly and people with disabilities in Wisconsin. Family Care is a melding of a 1915 (c), and 1915 (b) waiver, and a pre-paid health plan contract. It pulls together all the long-term care services in Wisconsin, exclusive of acute and primary care and, using capitated rates, delivers them through a county-based care management organization.</p>						

Types of Managed Care

Risk Program

In a *risk* program, a Medicaid agency contracts with an entity or individual (the contractor) to provide or arrange for the provision of an agreed upon set of services in exchange for a set fee per person enrolled per month; the prepaid fee does not vary month-to-month based on services used by the individual enrollee. In other words, in risk-based managed care, the contractor assumes some level of financial risk for providing care to enrollees. Two types of contractors participate in risk programs.

- *Managed Care Organizations (MCOs)* are entities that contract to provide a comprehensive set of benefits. Comprehensive is defined as inpatient hospitalization and at least one of the following services: (1) outpatient hospital and rural health clinic; (2) other laboratory and x-ray; (3) skilled nursing facility; (4) physician; or (5) home health. Contracts that exclude inpatient hospitalization but include three or more of the five groups of services are also considered comprehensive.
- *Prepaid Health Plans (PHPs)* are risk contractors that cover a less than comprehensive set of services. This category was divided into two subcategories by the Balanced Budget Act, both types are reported as PHPs in this overview.
 - *Prepaid Inpatient Health Plans (PIHPs)* are prepaid health plans that are responsible for providing or arranging for the provision of any inpatient hospital or institutional services.
 - *Prepaid Ambulatory Health Plans (PAHPs)* are prepaid health plans that are not responsible for providing or arranging for the provision of any inpatient hospital or institutional services.

PCCM Program

In the PCCM Program responsibility for the care of a Medicaid beneficiary is assigned to a specific primary care provider who receives payment on a fee-for-service basis and who (typically) receives a small additional fee per enrollee per month to compensate for case management functions. PCCM providers do not usually assume any financial risk for providing care to enrollees.

References

“2004 National Summary of State Medicaid Managed Care Programs” published by the Centers for Medicare and Medicaid Services, which is the latest edition of this publication.

“Medicaid Managed Care: Looking Forward, Looking Back,” National Academy for State Health Policy. June 2005.

Additional information obtained from the individual states’ websites.